

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

## FLOYD COUNTY

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-7-3

Book 94-21  
Page 2/3/93  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 2/2/93  
Name of Physician E. Bickers

**MALE APPLICANT**

Name First Middle Last James R. Reynolds  
Date of Birth Month Day Year 9 1969  
Place of Birth (State or foreign country) Orleans N.Y.  
Residence Address Street or R.R. City County State 2213 E. Oak St. New Albany, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1989  
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

- Full name of applicant's father James Henry Reynolds  
(If adopted, list adoptive parents only) Orleans, Pa.  
Residence of father (if deceased, so state) Orleans, Pa.  
Birthplace of father (State or foreign country) New York
- Full maiden name of applicant's mother Betty Jean Frederick  
(If adopted, list adoptive parents only) Orleans, Pa.  
Residence of mother (if deceased, so state) Orleans, Pa.  
Birthplace of mother (State or foreign country) Orleans, N.Y.

**FEMALE APPLICANT**

Name First Middle Last Terry Kellems  
Date of Birth Month Day Year 1 23 1957  
Place of Birth (State or foreign country) Louisville Ky.  
Residence Address Street or R.R. City County State 2213 E. Oak St. New Albany, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989  
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. 3 Sons Kellems

- Full name of applicant's father Charles E. McCoy  
(If adopted, list adoptive parents only) Brooksville Fl.  
Residence of father (if deceased, so state) Brooksville Fl.  
Birthplace of father (State or foreign country) New Albany, IN
- Full maiden name of applicant's mother Betty Joyce Duffel  
(If adopted, list adoptive parents only) Brooksville Fl.  
Residence of mother (if deceased, so state) Brooksville Fl.  
Birthplace of mother (State or foreign country) Louisville Ky.

**ACKNOWLEDGEMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of Floyd ) SS: I swear/affirm that the information given in this application is true and correct.  
Signed James Reynolds  
New Address 2213 E. Oak St. New Albany, IN  
Subscribed and sworn to before me this 3 day of Feb, 19 93  
Betty J. Hammond Clerk of the Floyd Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana )  
County of Floyd ) SS:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGEMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of Floyd ) SS: I swear/affirm that the information given in this application is true and correct.  
Signed Terry Kellems  
New Address 2213 E. Oak St. New Albany, IN  
Subscribed and sworn to before me this 3 day of Feb, 19 93  
Betty J. Hammond Clerk of the Floyd Circuit Court

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We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana )  
County of Floyd ) SS:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 2/3/93, authorizing the marriage of JAMES R. REYNOLDS and TERRY KELLEMS (name).  
I further certify that the following marriage certificate was filed in my office: I, \_\_\_\_\_ (name), certify that on 2/3/93 (date), at NEW ALBANY in FLOYD County, Indiana, JAMES R. REYNOLDS of FLOYD County, INDIANA (state), and TERRY KELLEMS of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated 2/3/93. Signed by: RICHARD STRIEGEL, JUDGE FLOYD SUPERIOR COURT (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 2/4/93 (date).

Signed BETTY J. HAMMOND Clerk  
Floyd Circuit Court